Case: 04-12515-SDB Doc#:3 Filed:07/22/04 Page:1 of 2

Case Number 04-12515-JSD

FORM B9I (Chapter 13 Case)(9/97)

# UNITED STATES BANKRUPTCY COURT

### SOUTHERN DISTRICT OF GEORGIA

# Notice of Chapter 13 Bankruptcy Case, Meeting of Creditors, & Deadlines

The debtor(s) listed below filed a chapter 13 bankruptcy case on July 21, 2004.

You may be a creditor of the debtor. This notice lists important deadlines. You may want to consult an attorney to protect your rights. All documents filed in the case may be inspected at the bankruptcy clerk's office at the address listed below. NOTE: The staff of the bankruptcy clerk's office cannot give legal advice.

## See Reverse Side For Important Explanations

Debtor(s) (name(s) and address):

SELLERS, RONDELL L.

2449 NORDAHL DRIVE AUGUSTA, GA 30906

Case Number: Social Security/Taxpayer ID Nos.: XXX-XX-2272 04-12515-JSD Bankruptcy Trustee (name and address): Attorney for Debtor(s) (name and address): G. SCOTT BUFF Barnee C. Baxter 233 A DAVIS ROAD Post Office Box 2127 AUGUSTA, GA 30907 Augusta, GA 30903 Telephone number: (706) 868-6680 Telephone number: (706) 724-1039

## Meeting of Creditors:

\*\*\*Debtor's Photo ID and Social Security Card Must Be Presented at the 341 Hearing\*\*\*

August 24, 2004 Date:

Time: 3:30 P.M.

341 Meeting Room-2nd Floor, \*ENTER REAR OF BUILDING\*, 933 Broad Str, Augusta,GA Location:

## Deadlines:

Papers must be received by the bankruptcy clerk's office by the following deadlines:

#### Deadline to File a Proof of Claim:

For all creditors (except a governmental unit):

November 22, 2004

For a governmental unit:

January 18, 2005

#### Deadline to Object to Exemptions:

Thirty (30) days after the *conclusion* of the meeting of creditors.

#### Filing of Plan, Hearing on Confirmation of Plan

The debtor has filed a plan. The plan or a summary of the plan is enclosed. The hearing on confirmation will be held:

Date:

December 6, 2004

Time:

3:30 p.m.

Location: U.S. Courthouse, 500 East Ford Street, Augusta, GA 30901

# Creditors May Not Take Certain Actions:

The filing of the bankruptcy case automatically stays certain collection and other actions against the debtor, debtor's property, and certain codebtors. If you attempt to collect a debt or take other action in violation of the Bankruptcy Code, you may be penalized.

OTHER MATTERS. At confirmation the court will conduct a hearing on any objections to debtor's claim of exemptions, and any motion to value collateral or to avoid liens as set forth in the Plan. Objections to the plan, valuation or lien avoidance shall be filed 5 days prior to confirmation

All creditors and their counsel who file proof of claim are required to serve by first class mail, a true copy of such proof of claim and all attachments thereto upon the Debtor's Counsel of Record whose address is shown on the Notice of the Meeting of Creditors.

Address of the Bankruptcy Clerk's Office: Michael F. McHugh P. O. Box 1487 Augusta, Georgia 30903 Telephone number: 706-724-2421	For the Court:  Clerk of the Bankruptcy Court:  Michael F. McHugh
Hours Open:	Date:
8:30 a.m. to 5:00 p.m.	July 22, 2004

3,45,6

FORM B10 (Official Form 10)(4/04)		Case Number: 04-12515-JSD
UNITED STATES BANKRUPTCY CONTROL SOUTHERN DISTRICT OF GI	EORGIA	PROOF OF CLAIM
Name of Debtor SELLERS, RONDELL L.	Case Number 04-12515-JSD	MILES FRANCISCO SE ESTRA I SOLI LA LA CARRACTA MILESCANICA CONTRA L'ESCAL CIUTA DA ZONIGA (MELLICA CONTRA L'ESCAL CIUTA DE L
NOTE: This form should not be used to make a claim for the commencement of the case. A "request" for payment of pursuant to 11 U.S.C. §503  Name of Creditor (The person or other entity to whom the debtor owes money or property):	an administrative expense may be filed	04.12515.45D
Name and Address where notices should be sent:	your claim. Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court in this case.	04-123(343)
Talauhana Numbar	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Telephone Number:  Account or other number by which creditor identifies debtor:	Check here if replaces this claim amends a previously	/ filed claim, dated
1. Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in 11 U.S.C. §1  Wages, salaries, and compensation (fill out Your SS #:  Unpaid compensation for services perform from	114(a) i below) ied
2. Date debt was incurred:	3. If court judgment, date obtained:	
4. TOTAL AMOUNT OF CLAIM AT TIME CASE		
FILED: Net Balance \$ \$ (Unsecured)	(Secured) (Unsecured Priority	y) (Total)
If all or part of your claim is secured or entitled to priority, also comple   Check this box if claim includes interest or other charges in addition to additional charges.	te Item 5 or 6 below, the principal amount of the claim. Attach itemiz	zed statement of all interest or
5. Secured Claim.  Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral:  Real Estate	6. Unsecured Priority Claim.  Check this box if you have an unsecured pri Amount entitled to priority \$  Specify the priority of the claim:  Wages, salaries, or commissions (up to \$49) of the bankruptcy petition or cessation of the	
Value of Collateral: \$	- 11 U.S.C. § 507(a)(3).  ☐ Contributions to an employee benefit plan - ☐ Up to \$ 2225* of deposits toward purchase, for personal, family, or household use - 11 U.S.C. § 507(a)(7).	lease, or rental of property or services U.S.C. § 507(a)(6). a spouse, former spouse, or child - 11
Amount of arrearage and other charges at time case filed included in secured claim, if any: \$	☐ Taxes or penalties owed to governmental ur☐ Other - Specify applicable paragraph of 11	U.S.C. § 507(a)().
7 Credite: The amount of all manners on this dain has been been been been been been been bee	*Amounts are subject to adjustment on 4/1/07 respect to cases commenced on or after the	
<ol> <li>7. Credits: The amount of all payments on this claim has been credite proof of claim.</li> <li>8. Supporting Documents: Attach copies of supporting documents, such a itemized statements of running accounts, contracts, court judgments, or perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are voluminous, attach a summary.</li> <li>9. Date-Stamped Copy: To receive an acknowledgment of the filing of envelope and copy of this proof of claim.</li> </ol>	as promissory notes, purchase orders, invoices, nortgages, security agreements, and evidence of e documents are not available, explain. If the	THIS SPACE IS FOR COURT USE ONLY
Date Sign and print the name and title, if any, of the creditor other person authorized to file this claim (attach copy of power of attorney, if any):		Mail Executed Proof to CLAIMS CLERK P.O. Box 1487 Augusta, GA 30903
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprison	nment for up to 5 years, or both. 18 U.S.C. §§ 152	2 and 3571.

\* Show Creditors SS# or Tax ID# and Office Code Here: \_\_\_\_\_\_(Banks show Bank Routing Number)

(To be used solely for purpose of processing claim. If number not shown, claim cannot be processed.)